Clinical Reporting System (CRS) 2007 Version 7.0
Elder Care Report Performance Measure List and Definitions
As of September 6, 2006

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ABOUT THE CRS ELDER CARE REPORT

This report contains quality of care measures for older patients. Most of the measures, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis, are available for all ages. For this report the denominator is changed to focus only on persons patients 55 years and older. A new measure, rate of functional status assessment, is unique to this report. Measures are reported for all persons age 55 and older and also by age ranges 55-64, 65-74,75-84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to your older patients. For questions regarding clinical and programmatic use of this report, contact Dr. Bruce Finke, IHS Elder Care Initiative, at bruce.finke@ihs.gov.

CRS DENOMINATOR DEFINITIONS

For all denominators:

- All patients with name "DEMO,PATIENT" will be automatically excluded for all denominators.
- For all measures except as noted, patient age is calculated as of the beginning of the Report Period.

- ***Active Clinical Population***
  - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2007 User Manual for listing of these clinics.
  - Must be alive on the last day of the Report Period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

- ***User Population***
  - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report Period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

- ***Active Clinical CHS Population (used only for CHS-only sites)***
  - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

CRS ELDER CARE REPORT PERFORMANCE MEASURE TOPICS AND DEFINITIONS

The performance measure topics and their definitions that are included in the CRS 2007 Version 7.0 Elder Care report are shown in the table below.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
DIABETES GROUP	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	**No changes from Version 6.1** **Denominator:** 1) User Population patients ages 55 and older, broken down by gender and age groups: 55-64, 75-74, 75-84, 85+. **Numerators:** 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. **Patient List:** Diabetic patients =>55 with most recent diagnosis.
Diabetes: Glycemic Control Diabetes Program/ Dr. Charlton Wilson	**No changes from Version 6.1** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Hemoglobin A1c documented during the Report Period. 2) Poor control: A1c greater than (>) 9.5 3) Very poor control: A1c equals or greater than (=>) 12 4) Poor control: A1c greater than (>) 9.5 or less than (<) 12 5) Fair control A1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5 6) Good control: A1c equals or greater than (=>) 7 and less than (<) 8 7) Ideal control: A1c less than (<) 7 8) Undetermined A1c (no result) **Definition:** 1) **A1c:** CPT 83036, LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX **Patient List:** Diabetic patients =>55 with denominator identified & most recent A1c value, if any.
Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	**No changes from Version 6.1** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with Blood Pressure documented during the Report Period. 2) Controlled BP, < 130/80 3) Not controlled BP **Definition:** 1) **Blood Pressure** - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. **Patient List:** Diabetic patients =>55 with denominator identified & mean BP, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Diabetes: Lipids Assessment Diabetes Program/ Dr. Charlton Wilson	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result 2) Patients with LDL completed during the Report Period, regardless of result 3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129 **Definitions:** 1) **Lipid Profile:** CPT 80061; LOINC taxonomy ***(removed all LOINC codes in the LOINC taxonomy except one, as they were not tests for a lipids profile/panel);*** site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) **LDL:** CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **HDL:** CPT 83718; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT HDL TAX 4) **Triglyceride (TG):** CPT 84478; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX **Patient List:** Diabetic patients =>55 with denominator identified & documented LDL values.
Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerator:** 1) Patients with ***nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria)*** during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. ***DELETED:*** 2) Patients with Estimated GFR with result during the Report Period. ***DELETED:*** 3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result, OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period, AND 2) an Estimated GFR with result during the Report Period. **Definitions:** 1) **Estimated GFR:** Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy ***(added codes to LOINC taxonomy).*** 2) ***Quantitative Urinary Protein Assessment: CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values)*** 3) **End Stage Renal Disease:** ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925. **Patient List:** Patients =>55 with denominator identified, tests & values if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerator:** 1) Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam. **Definitions:** 1) **Qualified Retinal Evaluation*:** A) diabetic retinal exam or documented refusal or B) other eye exam. A) **Diabetic Retinal Exam:** Exam Code 03 Diabetic Eye Exam (dilated retinal examination provided by an optometrist or ophthalmologist) or refusal of Exam Code 03. ***(Moved Clinic Code A2 Diabetic Retinopathy to Other Eye Exam definition below.)*** B) **Other Eye Exam:** (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or qualifying* tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes ***A2,*** 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014; ***(deleted 92015);*** POV V72.0. *Qualifying retinal evaluation: The following methods are qualifying for this measure: - Dilated retinal evaluation by an optometrist or ophthalmologist. - Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or Ophthalmologist. - Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc. **Patient List:** Diabetic patients =>55 with denominator identified & eye exam status, if any.
Diabetic Access to Dental Services Dental Program/ Dr. Patrick Blahut	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Diabetic patients ages 55 and older broken down by age groups. Active Diabetic defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with a documented dental visit during the Report Period, including refusals. A) Patients with documented refusal during the Report Period. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; ***or POV V72.2.*** For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) **Refusal of Dental Exam:** For non-CHS visits, searches for ***refusal of*** Exam Code 30 ***or ADA code 0000 or 0190.*** **Patient List:** Diabetic patients =>55 and documented dental visit or refusal, if any.
DENTAL GROUP	
Access to Dental Services Dental Program/ Dr. Patrick Blahut	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) All patients in the User Population ages 55 and older, broken down by age groups. **Numerators:** 1) Patients with documented dental visit during the Report Period, including refusals. A) Patients with documented refusal. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; ***or POV V72.2.*** For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) **Refusal of Dental Exam:** For non-CHS visits, searches for ***refusal of*** Exam Code 30 ***or ADA code 0000 or 0190.*** **Patient List:** Patients =>55 with documented dental visit or refusal and date.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
IMMUNIZATION GROUP	
Adult Immunizations: Influenza Epidemiology Program/ Amy Groom, MPH	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by age groups. **Numerators:** 1) Patients with influenza vaccine documented during the Report Period or with documented refusal. 2) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Influenza Vaccine:** Immunization/CVX codes 15, 16, 88, or 111; POV V04.8 (old code), V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) **Refusal of Influenza Vaccine:** Immunization/CVX codes: 15, 16, 88, or 111 **Patient List:** Patients =>55 with Influenza code and date, if any.
Adult Immunizations: Pneumovax Epidemiology Program/ Amy Groom, MPH	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by age groups. **Numerators:** 1) Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year. **Definitions:** 1) **Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) **Refusal of Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109 **Patient List:** Patients =>55 with Pneumovax code and date, if any.
CANCER SCREENING GROUP	
Cancer Screening: Mammogram Rates Carolyn Aoyama	**No changes from Version 6.1** **Denominator:** 1) Female Active Clinical patients ages 55 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies, broken down by age groups. **Numerators:** Patients with documented mammogram in past two years or refusal in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Bilateral Mastectomy**: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) **Unilateral Mastectomy:** Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) **Mammogram**: A) V Radiology or V CPT: 76090, 76091, 76092**,** G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202. **Patient List:** Female patients =>55 with mammogram/refusal, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Colorectal Cancer Screening Epidemiology Program/ Dr. Nathaniel Cobb	***Changes from Version 6.1, as noted below.*** **Denominator:** All Active Clinical patients ages 55 and older without a documented history of colorectal cancer or total colectomy, broken down by gender and age groups. **Numerators:** 1) Patients who have had ANY CRC colorectal screening, defined as any of the following: A) Fecal Occult Blood test (FOBT) during the Report Period; B) flexible sigmoidoscopy or double contrast barium enema in the past five years; C) colonoscopy in the past 10 years, or D) a documented refusal in the past year. A) Patients with documented refusal in the past year. B) Patients with Fecal Occult Blood test during the Report Period. ***DELETED:*** 2) Patients with Rectal Exam in past two years. **Definitions:** 1) **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05. 2) **Total Colectomy:** CPT 44150-44153, 44155-44156, 44210-44212; V Procedure 45.8. 3) **Fecal Occult Blood lab test (FOBT):** CPT 82270, 82274, G0107, 89205 (old code); LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS ***DELETED:*** 4) **Rectal Exam:** V76.41; V Procedure 48.24-29, 89.34; V Exam 14 or refusal in past year for Exam 14. 4) **Flexible Sigmoidoscopy:** V Procedure 45.24, 45.42; CPT 45330-45345, G0104 5) **Double Contrast Barium Enema:** CPT or VRad: 74280, G0106, G0120 6) **Colonoscopy:** V Procedure 45.22, 45.23, 45.25, 45.43; V POV 76.51; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121 7) **Screening Refusals:** A. **FOBT:** Refusal of V Lab Fecal Occult Blood test or ***CPT code 82270, 82274, G0107 or 89205 (old code);*** B. ***Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104;*** C. **Double Contrast Barium Enema:** Refusal of V Radiology CPT: 74280, G0106, G0120; ***D. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.*** **Patient List:** Patients =>55 with CRC screening/refusal, if any.
Tobacco Use and Exposure Assessment Mary Wachacha/Epidemiology Program, Dr. Nat Cobb	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender and age groups. **Numerators:** 1) Patients who have been screened for tobacco use during the Report period. 2) Patients identified as current tobacco users during the Report Period, both smokers and smokeless users. A) Current smokers B) Current smokeless tobacco users 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period. **Definitions:** 1) **Tobacco Screening:** A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1, 305.1* (old codes), ***649.00-649.04,*** or V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "-SHS**".** 2) **Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, ***Cessation-Smoker, Cessation-Smokeless.*** B) POV 305.1, 305.10-305.12 (old codes), ***649.00-649.04,*** or V15.82. C) Dental 1320 3) **Current Smokers:** A) Health Factors: Current Smoker, Current Smoker and Smokeless, ***Cessation-Smoker.*** B) 305.1, 305.10-305.12 (old codes), ***649.00-649.04,*** or V15.82. C) Dental code 1320 4) **Current Smokeless:** A) Health Factors: Current Smokeless, Current Smoker and Smokeless, ***or Cessation-Smokeless.*** 5) **Environmental Tobacco Smoke (ETS):** Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke **Patient List:** Patients =>55 with no documented tobacco screening.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
BEHAVIORAL HEALTH GROUP	
Intimate Partner (Domestic) Violence Screening Dr. Theresa Cullen/ Denise Grenier, LCSW	**No changes from Version 6.1** **Denominator**: 1) Female Active Clinical patients ages 55 and older, broken down by age groups. **Numerators:** 1) Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period**,** including documented refusals in past year. A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnoses. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education. **Definitions:** 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam 2) **IPV/DV Related Diagnoses:** POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) **IPV/DV Patient Education:** Patient Education codes containing “DV-” or “-DV” 4) **IPV/DV Counseling:** POV V61.11 5) **Refusals:** A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or “-DV”. **Patient List:** Female patients =>55 not screened and without documented refusal.
Depression Screening Denise Grenier, LCSW/ Dr. David Sprenger	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender and age groups. **Numerators:** 1) Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year. A) Patients screened for depression during the Report Period. B) Patients with a diagnosis of a mood disorder during the Report Period. C) Patients with documented refusal in past year. 2) Patients with depression-related education or refusal of education in past year. **Definitions:** 1) **Depression Screening:** Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 2) **Mood Disorders:** At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 3) **Screening Refusal:** Any PCC refusal in past year with Exam Code 36. 4) **Depression-related patient education:** A) Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or B) "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-". **Patient List:** Patients =>55 not screened for depression/diagnosed with mood disorder.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
CARDIOVASCULAR DISEASE RELATED GROUP	
Obesity Assessment Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 55 - 74, broken down by gender and age groups. **NOTE:** This denominator does not include patients 75+ since NHANES II only includes data for patients <75. **Numerators:** Patients for whom a BMI could be calculated, including refusals in the past year. A) For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables. B) For those with a BMI calculated, patients considered obese using BMI and standard tables. C) Total of overweight and obese. D) Patients with documented refusal in past year. **Definitions:** 1) **BMI:** Calculated using NHANES II. Height and weight within last two years, not required to be on same day. Overweight but not obese is defined as BMI of 25 through 29. Obese is defined as BMI of 30 or more. 2) **Refusals:** Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. The height and the weight must be refused during the past year and are not required to be on the same visit. **Patient List:** Patients 55-74 for whom BMI could NOT be calculated.
Cardiovascular Disease and Blood Pressure Control Dr. James Galloway/ Mary Wachacha	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender and age groups. **Numerators:** 1) Patients with BP values documented. A) Patients with normal BP, <120/80. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** B) Pre-hypertension I, => 120/80 and < 130/80. C) Pre-hypertension II, =>130/80 and < 140/90. D) Stage 1 hypertension, => 140/90 and <160/100. E) Stage 2 hypertension, => 160/100. **Definitions:** 1) **BP Values (all numerators):** CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. **Patient List:** Patients =>55 with denominator identified & mean BP, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Cardiovascular Disease and Cholesterol Screening Dr. James Galloway/ Mary Wachacha	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender and age groups. **Numerators:** 1) Patients with documented blood total cholesterol screening any time during past five years, regardless of result. A) With high cholesterol, defined as => 240. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** 2) With LDL completed, regardless of result. A) LDL <= 100 ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #2 above as the denominator vs. the denominator above.)*** B) LDL 101-130 C) LDL 131-160 D) LDL >160 **Definitions:** 1) **Total Cholesterol Panel:** CPT 82465; LOINC taxonomy ***(added codes to the LOINC taxonomy);*** site-populated taxonomy DM AUDIT CHOLESTEROL TAX. 2) **LDL:** CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX **Patient List:** Patients =>55 with cholesterol or LDL value if any.
OTHER CLINICAL MEASURES GROUP	
Osteoporosis Management Drs. Bruce Finke and Lisa Sumner	**No changes from Version 6.1** **Denominator:** 1) Female Active Clinical patients ages 55 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture. Broken down by age groups. **Numerator:** 1) Patients treated or tested for osteoporosis after the fracture. **Definitions:** 1) **Fracture:** Does not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used. The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date. **Fracture codes:** A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828; B) POVs: 733.1, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828*; C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Osteoporosis Management (cont'd) Drs. Bruce Finke and Lisa Sumner	2) **Osteoporosis Treatment and Testing:** A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay. 3) **BMD Test:** A) CPT: 76070, 76071, 76075, 76076, 76078, 76977, 78350, 78351; B) V Procedure 88.98; C) POV V82.81. 4) **Osteoporosis Treatment Medication:** Medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, Teriparatide, Fluoride, Vitamin D, and Calcium Products.) **Denominator Exclusions:** 1) Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes). 2) Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date. 3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE. **Patient List:** Female patients =>55 with new fracture who had osteoporosis treatment or testing, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Osteoporosis Screening in Women Drs. Bruce Finke and Lisa Sumner	**No changes from Version 6.1** **Denominator:** Female Active Clinical patients ages 55 and older without a documented history of osteoporosis, broken down by age groups. **Numerators:** Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Patients without Osteoporosis:** No osteoporosis diagnosis ever (POV 733.*). 2) **Osteoporosis Screening:** Any one of the following in the past two years or documented refusal in the past year: A) **Central DEXA:** CPT 76075; B) **Peripheral DEXA:** CPT 76076; C) **Central CT:** CPT 76070; D) **Peripheral CT:** CPT 76071; E) **US Bone Density:** CPT 76977; F) **Quantitative CT:** V Procedure 88.98; G) **POV V82.81 Special screening for other conditions, Osteoporosis.** **Patient List:** Female patients =>55 with osteoporosis screening, if any.
Osteoarthritis Medication Monitoring Dr. Charles Reidhead	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 55 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period. Broken down by age groups. **Numerator:** Patients who received appropriate monitoring of chronic medication during the Report Period. **Definitions:** 1) **Osteoarthritis (OA):** Diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report period. 2) **Maintenance Therapy Medications and Monitoring:** For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. **Example of Patient Not on Chronic Medication (not included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 – Dec 31, 2005 Medication Prescribed: Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90. Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator. **Example of Patient on Chronic Medication (included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005 Medication Prescribed: Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180. Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator. The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Osteoarthritis Medication Monitoring (cont'd) Dr. Charles Reidhead	NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown in below. **Maintenance Therapy Medications defined as:** A) NSAID Medications: All of the following NSAID medications must have ***Creatinine,*** Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. ***(Removed glucocorticoid medications from this topic and revised logic and examples of logic accordingly.)*** **Example of Patient Included in Numerator:** Medications Prescribed and Required Monitoring: Diclofenac, last Rx Sep 1, 2005. Requires Creatinine, LFT, and CBC during Report Period. Creatinine, LFT, and CBC performed during Report Period. Patient is in the numerator. ***2) Serum Creatinine: CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.*** 3) **CBC (Complete Blood Count):** CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy. 4) **Liver Function Tests:** Any one of the following: A) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT, or LOINC taxonomy ***(added codes to LOINC taxonomy);*** B) AST: CPT 84450, site-populated taxonomy DM AUDIT AST, or LOINC taxonomy ***(added codes to LOINC taxonomy);*** OR C) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION, or LOINC taxonomy. **Patient List:** OA patients 55 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:". All lab tests the patient DID have are displayed.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE: *Red, bold italic type*** indicates new or edited definitions)
Functional Status Dr. Bruce Finke	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender and age groups. **Numerators:** 1) Patients screened for functional status at any time during the Report period. **Definitions:** 1) **Functional Status:** Any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence AND 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report period. **Patient List:** Patients =>55 with functional status codes, if any.
Asthma Drs. Charles Reidhead and Charles North	**No changes from Version 6.1** **Denominators:** Active Clinical patients ages 55 and older, broken down by age groups. **Numerators:** 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report Period. **Definitions:** 1) **Asthma**: POV 493.* 2) **Hospital Visit:** Service Category H with primary POV 493.* **Patient List:** Patients =>55 diagnosed with asthma and any asthma-related hospitalizations.
Public Health Nursing Cheryl Peterson, RN	**No changes from Version 6.0** **Denominator:** 1) Number of visits by PHNs in any setting, including Home, to User Population patients ages 55 and older, broken down by age groups. 2) Number of visits by PHNs in Home setting, to User Population patients ages 55 and older, broken down by age groups. **Numerator:** No numerator: count of visits only. **Definitions:** 1) **PHN Visit-Any Setting:** Any visit with primary or secondary provider codes 13 or 91. 2) **PHN Visit-Home:** Any visit with A) clinic code 11 and a primary or secondary provider code of 13 or 91 or B) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91. **Patient List:** Patients =>55 with PHN visits documented
Fall Risk Assessment in Elders Dr. Bruce Finke	***New topic for Version 7.0*** **Denominator:** Active Clinical patients ages 65 and older, broken down by gender and age groups. **Numerators:** 1) Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals. A) Patients who have been screened for fall risk in the past year. B) Patients with a documented history of falling in the past year. C) Patients with a fall-related injury diagnosis in the past year. D) Patients with abnormality of gait/balance or mobility diagnosis in the past year. E) Patients with a documented refusal of fall risk screening exam in the past year. **Definitions:** 1) **Fall Risk Screen:** Any of the following: Fall Risk Exam defined as: V Exam Code 37; History of Falling defined as: POV V15.88 (Personal History of Fall); Fall-related Injury Diagnosis defined as: V POV (Cause Codes #1-3) E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*; Abnormality of Gait/Balance or Mobility defined as: V POV 781.2, 781.3, 719.7, 719.70, 719.75-719.77, 438.84, 333.99, 443.9; Refusal defined as: Refusal Exam 37. **Patient List:** Patients 65 years or older with fall risk assessment, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions)
Drugs to be Avoided in the Elderly Dr. Bruce Finke	***New topic for Version 7.0*** **Denominator:** Active Clinical patients ages 65 and older, broken down by gender and age groups. **Numerators:** 1) Patients who received at least one drug to be avoided in the elderly during the Report Period. 2) Patients who received at least two different drugs to be avoided in the elderly during the Report Period. **Included in the numerators above are the following sub-numerators.** A) Patients who received at least one prescription for antianxiety medication. B) Patients who received at least one prescription for antiemetic medication. C) Patients who received at least one prescription for analgesic medication. D) Patients who received at least one prescription for antihistamine medication. E) Patients who received at least one prescription for antipsychotic medication. F) Patients who received at least one prescription for amphetamine medication. G) Patients who received at least one prescription for barbiturate medication. H) Patients who received at least one prescription for long-acting benzodiazepine medication. I) Patients who received at least one prescription for other benzodiazepine medication. J) Patients who received at least one prescription for calcium channel blocker medication. K) Patients who received at least one prescription for gastrointestinal antispasmodic medication. L) Patients who received at least one prescription for belladonna alkaloid medication. M) Patients who received at least one prescription for skeletal muscle relaxant medication. N) Patients who received at least one prescription for oral estrogen medication. O) Patients who received at least one prescription for oral hypoglycemic medication. P) Patients who received at least one prescription for narcotic medication. Q) Patients who received at least one prescription for vasodilator medication. R) Patients who received at least one prescription for other HEDIS-defined drugs to be avoided in the elderly. **Definitions:** 1) **Drugs to be Avoided in the Elderly (i.e. potentially harmful drugs)**: Defined with medication taxonomies: BGP HEDIS ANTIANXIETY MEDS, BGP HEDIS ANTIEMETIC MEDS, BGP HEDIS ANALGESIC MEDS, BGP HEDIS ANTIHISTAMINE MEDS, BGP HEDIS ANTIPSYCHOTIC MEDS, BGP HEDIS AMPHETAMINE MEDS, BGP HEDIS BARBITUATE MEDS, BGP HEDIS BENZODIAZEPINE MEDS, BGP HEDIS OTHER BENZODIAZEPINE, BGP HEDIS CALCIUM CHANNEL MEDS, BGP HEDIS GASTRO ANTISPASM MEDS, BGP HEDIS BELLADONNA ALKA MEDS, BGP HEDIS SKEL MUSCLE RELAX MED, BGP HEDIS ORAL ESTROGEN MEDS, BGP HEDIS ORAL HYPOGLYCEMIC MED, BGP HEDIS NARCOTIC MEDS, BGP HEDIS VASODILATOR MEDS, BGP HEDIS OTHER MEDS AVOID ELD. (Medication classes are: Antianxiety; antiemetic; analgesic; antihistamines; antipsychotics, typical; amphetamines; barbiturates; long-acting benzodiazepines; other long-acting benzodiazepines; calcium channel blockers; gastrointestinal antispasmodics; belladonna alkaloids (including combination drugs); skeletal muscle relaxants; oral estrogen; oral hypoglycemics; narcotics; vasodilators; and other (desiccated thyroid; methyltestosterone; and nitrofurantoin)). For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4. **Patient List:** Patients 65 and older with at least one prescription for a potentially harmful drug.